

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02745

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County... Ches  
 City or town... Chesertown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Kent  
 City or town... Chesertown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (a) FULL NAME

John Young Bennett

## 3. (b) Social Security Number

no

Sex... Male 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.) Dec. 7, 1918

8. AGE: Years 93 Months 3 Days 14 If less than one day... min.

9. Birthplace... Union Co Pa  
 (Town, county, and state)

10. Usual occupation... miner11. Industry or business... mining12. Name... John Bennett13. Birthplace... Wales14. Maiden name... Sara Young15. Birthplace... Pa16. Informant... Orrell BennettAddress... Chesertown Md

17. Burial Date thereof Mar. 24, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Rosemont Cem.Location... Bloomsburg - Columbia Co. Penna.18. Funeral director... J. Willis WellsAddress... Chestertown, Maryland

19. Mar. 22 1946 Clara L. Barnes  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... March 21 1946 at NB M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1946 to March 21 1946  
 and that I last saw him... March 20 1946

Immediate cause of death... Brain TumorDue to... Brain TumorDue to... Brain TumorOther conditions... noneMajor findings of operations... noneAntopsy results... no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... no Date of... no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury... none Injured at work?23. SIGNATURE... Clara L. Barnes M. D. or otherAddress... Chesertown Md Date signed... 3/21/46

RECEIVED  
MAR 25 1946  
BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1320

## CERTIFICATE OF DEATH

Reg. Dist. No. 02746 204

## 1. PLACE OF DEATH:

County Chesapeake  
 City or town Chesapeake  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

## 3. (a) FULL NAME

Grace Bonner

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Grace Weckhagen

7. Birth date of deceased (mo., day, yr.) Dec 15, 1863 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: 84 Years 3 Months 6 Days 0 hrs. 0 min.

9. Birthplace West Co. Ind  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Dr. H. W. H. H. H.

13. Birthplace West Co. Ind

14. Maiden name Becky Bonner

15. Birthplace West Co. Ind

16. Informant Paul J. Beck

Address Chesapeake, Md

17. Buried Yes Date thereof Mar 6, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broad Church Cemetery

Location Broad Church

18. Funeral director Ad. W. H. H. H.

Address Chesapeake, Md

19. Mar 4, 1946 F. H. Smith  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County West

City or town Chesapeake  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 19 46 at 5:30 A M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_  
 and that I last saw him/her alive on \_\_\_\_\_  
 (Complete cases of death)

Cardio permal

Due to Renal Disease ps

Due to Distal Dehydration

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury Fract. Humerus Injured at work? No

23. SIGNATURE Dr. H. W. H. H. Mar 4, 1946  
 M. D. or other \_\_\_\_\_

Address Chesapeake, Md Date signed 3/4/46

RECEIVED TO THE SECRETARY OF THE STATE

WASHINGTON, D. C.

RECEIVED TO THE SECRETARY OF THE STATE

RECEIVED TO THE SECRETARY OF THE STATE

RECEIVED  
MAR 6 1946  
BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02747

Reg. Dist. No. 202

### 1. PLACE OF DEATH:

County Kent  
City or town Chestertown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
301 Queen St.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Kent  
City or town SALE  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Faith Ann Brown

### 3. (b) Social Security Number

(Mellor)

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) June 12, 1945 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 9 Months 9 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Chestertown Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Benjamin Brown  
13. Birthplace Kent Co. Maryland

14. Maiden name Mary Redding  
15. Birthplace Baltimore City Md.

16. Informant Mrs. Mary R. Brown (mother)  
Address 301 Queen St. Chestertown, Md.

17. Burial Burial Date thereof Mar. 29, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Quaker Neck (Col.) Cem.  
Location Chestertown, Md.

18. Funeral director J. Willis Wells  
Address Chestertown, Md.

19. Mar. 28 19 46 Clara S. Barnes  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 19 46 at 230 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 20 19 46 to Mar 28 19 46  
and that I last saw her alive on Mar. 27 19 46

Immediate cause of death congenital  
cardiac lesion  
(Mitral)

### DURATION

since  
birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. G. Simpson  
Chestertown M. D. or other  
Address Date signed 3-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Don Spley

RECEIVED

APR 1 1949

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

02756

★ Reg. Dist. No. 201

## 1. PLACE OF DEATH:

County Kent  
 City or town Betterton Kent Co. Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 weeks  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County KENT  
 City or town ROCK HALL Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas Franklin Davis

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Hannett Cary Davis

7. Birth date of deceased (mo., day, yr.) August 23, 1872 8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 73 Months 6 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Rock Hall Kent County, Md.  
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business \_\_\_\_\_

12. Name George W. Davis

13. Birthplace Rock Hall Md

14. Maiden name Rosa Harrison

15. Birthplace Rock Hall Maryland

16. Informant Frances Davis Owens - Daughter

Address Betterton, Maryland

17. Burial Date thereof 3-3-46  
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hall (rural), Md.

18. Funeral director J. Willis Wells

Address Chesapeake, Maryland

19. March 1 19 46 J. H. Clark  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 19 46 at 5:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to Feb 28 19 46

and that I last saw him alive on Feb. 28- 19 46

Immediate cause of death Cerebral Hemorrhage DURATION \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE James E. Dedman M.D.

Address Betterton Md. M. D. or other \_\_\_\_\_

Date signed March 1-1946

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

APR 2 1946

BUREAU V S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02748

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

How long in U.S. if of foreign birth?

yrs.

mos.

## 2. FULL NAME

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 8<sup>th</sup>, 1946, to March 24<sup>th</sup>, 1946I last saw him alive on March 24<sup>th</sup>, 1946; death is said

to have occurred on the date stated above, at 7:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Myocardial Infarction

Date of onset  
1944

Other Contributory Causes of Importance:

Infarction of age

27

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

G. R. Copeland

M. D.

(Address) Millington, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02749

Reg. Dist. No. 202

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| <b>1. PLACE OF DEATH:</b><br>County..... <i>Trent</i><br>City or town..... <i>Chesutown</i><br>(If outside city or town limits, write RURAL and give nearest town)<br>How long in above place of death?..... <i>50 yrs</i><br>Hospital, institution, or street address where death occurred:<br><i>121 E High St.</i><br>How long in hospital or institution?.....  |  |  |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b><br>(For newborn infants give residence of mother)<br>State..... <i>Maryland</i> County..... <i>Trent</i><br>City or town..... <i>Chesutown</i><br>(If outside city or town limits, write RURAL and give nearest town)<br>Street No..... <i>121 E High</i><br>(If rural, give LOCATION)<br>2.(a) If veteran, name war..... |  |  |  |
| <b>3. (a) FULL NAME</b><br><i>George Davis Soplund</i>  |  |  |  | <b>3. (b) Social Security Number</b><br>  |  |  |  |
| <b>4. Sex</b><br><i>M</i>   |  | <b>5. Color or race</b><br><i>W</i>      |  | <b>6. (a) Single, married, widowed, or divorced</b><br><i>Widowed</i>   |  |  |  |
| <b>6. (b) Name of husband or wife</b><br><i>(late) Georgia E Soplund</i>  |  |  |  | <b>6. (c) If alive, give age</b> .....years   |  |  |  |
| <b>7. Birth date of deceased (mo., day, yr.)</b><br><i>Feb. 19 1857</i>   |  |  |  |   |  |  |  |
| <b>8. AGE:</b><br>Years <i>89</i>   |  | Months <i>1</i>                          |  | Days <i>2</i>   |  | If less than one day<br>.....hrs. ....min. |  |
| <b>9. Birthplace</b><br><i>Cecil County Md.</i><br>(Town, county, and state)  |  |  |  |   |  |  |  |
| <b>10. Usual occupation</b><br><i>retired</i>   |  |  |  |   |  |  |  |
| <b>11. Industry or business</b><br><i>Hardware</i>  |  |  |  |   |  |  |  |
| <b>FATHER</b>   |  | <b>12. Name</b><br><i>unknown</i>        |  |   |  |  |  |
| <b>13. Birthplace</b><br>   |  |  |  |   |  |  |  |
| <b>MOTHER</b>   |  | <b>14. Maiden name</b><br><i>unknown</i> |  |   |  |  |  |
| <b>15. Birthplace</b><br>   |  |  |  |   |  |  |  |
| <b>16. Informant</b><br><i>Dr. Julian Jones</i><br>Address..... <i>Chesutown, Maryland.</i>   |  |  |  |   |  |  |  |
| <b>17. Burial</b><br>(Burial, cremation, or removal, Which?)<br>Date thereof..... <i>3/23/46</i><br>(month) (day) (year)<br>Cemetery or crematory..... <i>Bethel Cemetery</i><br>Location..... <i>Chesapeake City, Cecil Co. Md.</i>  |  |  |  |   |  |  |  |
| <b>18. Funeral director</b><br><i>Wm. V. Williams</i><br>Address..... <i>Chesutown, Maryland.</i>   |  |  |  |   |  |  |  |
| <b>19. Date rec'd by registrar</b><br><i>Mar. 23 1946</i><br>Registrar..... <i>Clara S. Barnes</i><br>Address..... <i>Chesutown, Md.</i>  |  |  |  |   |  |  |  |
| <b>MEDICAL CERTIFICATION</b><br><b>20. DATE OF DEATH</b><br><i>March 21</i> 19 <i>46</i> at <i>2:00</i> A.M.<br><b>21. CERTIFY</b> that death occurred on the date above stated; that I attended deceased from<br><i>March 6</i> 19 <i>46</i> to <i>March 21</i> 19 <i>46</i><br>and that I last saw him alive on <i>March 20</i> 19 <i>46</i><br>Immediate cause of death.....<br><i>Radio Recurrent Disease</i><br>Due to..... <i>Arterio Sclerosis</i><br>Due to.....<br>Other conditions.....<br>(Include pregnancy within 3 months of death)<br>Major findings of operations..... <i>None</i><br>Date of op.....<br>Autopsy results..... <i>None</i><br>PHYSICIAN: Please underline the cause to which death should be charged statistically.<br><b>22. VIOLENCE:</b> If death was due to external causes, fill in the following:<br>Accident, suicide, or homicide..... <i>No</i> Date of.....<br>Where did injury occur?.....<br>(City or town) (County) (State)<br>Injured at home, farm, industry, public place (where?).....<br>Means of injury..... <i>No</i> Injured at work?<br><b>23. SIGNATURE</b><br><i>Paul H. Jones, M.D.</i><br>M.D. or other<br>Date signed..... <i>Mar 21/46</i> |  |  |  |   |  |  |  |

UNITED STATES DEPARTMENT OF JUSTICE

(STATE OF TEXAS)

IN RE: [illegible]

[illegible]

RECEIVED

MAR 26 1946

BUREAU VS.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

02750

★ Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Kent  
City or town Chattanooga  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

105 Maple Ave

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Chattanooga  
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 Maple Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Herman Biddle Massey

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife (late) Maud Paul Massey

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 18718. AGE: Years 75 Months 1 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Georgetown Kent Co. Ind.  
(Town, county, and state)10. Usual occupation retired farmer11. Industry or business farmer12. Name C. H. B. Massey13. Birthplace Massey Ind.14. Maiden name Amanda Oklahoma15. Birthplace Acillin Ind.16. Informant Mr. A. H. Massey (Son)Address 448 Fung Blvd. Stratford Conn.17. Buried Date thereof 3/25/46  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or St. Clements CemeteryLocation Massey, Kent Co. Ind.18. Funeral director Walter V. WilliamsAddress Chattanooga, Maryland19. March 25, 1946 Clara L. Barnes  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1946 at 1:40 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1946 to March 23 1946and that I last saw him alive on March 23 1946Immediate cause of death ArteriosclerosisDue to ArteriosclerosisDue to renal atrophy

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations noneAutopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of \_\_\_\_\_Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank Jones MDAddress Chattanooga Ind M. D. or other \_\_\_\_\_Date signed 3/24/46

RECEIVED

MAR 27 1946

BUREAU V. 8.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

02751

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County... Kent  
City or town... Rural - Chestertown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent  
City or town... Rural - Chestertown  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Wilhelmina Henrietta Middleton

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Edward B. Middleton

7. Birth date of deceased (mo., day, yr.) August 18, 1886

8. AGE: Years Months Days If less than one day  
59 6 18 hrs. min.9. Birthplace Rock Hall, Kent Maryland  
(Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name Frederick Statts

13. Birthplace Germany

14. Maiden name Mary Kisnick

15. Birthplace Germany

16. Informant Mrs. Willard H. Middleton

Address Chestertown, Md

17. Burial Date thereof Mar. 9, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester Cem.

Location Chestertown, Md.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. March 6, 1946 Clara L. Barnes  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-1946 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1945 to March 1946  
and that I last saw her alive on 3-4-1946

Immediate cause of death Generalized metastatic carcinoma 1 year

Due to Carcinoma of rt breast 2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Dick, M.D. or other

Address Chestertown, Md Date signed 3-6-46

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 9 1946

BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Kent  
 City or town near Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time 60 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Kent  
 City or town near Chestertown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Chestertown R.R. Md  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Amir Island Robertson Hummer

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widow

6.(b) Name of husband or wife

Frank Hummer

7. Birth date of deceased (mo., day, yr.)

December 1st - 1894

5.(c) If alive, give age

years

8. AGE: Years Months Days If less than one day

71 3 16

9. Birthplace

Philadelphia Pa  
(Town, county and state)

10. Usual occupation

House work

11. Industry or business

12. Name William Henry Robertson13. Birthplace England14. Maiden name Emily Davis15. Birthplace England16. Informant Mrs Emily HummerAddress Chestertown R.R. Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 20, 1946  
(month) (day) (year)Cemetery or crematory IU CemeteryLocation nr. Worton - Kent Co. Maryland18. Funeral director J. Willis WellsAddress Chestertown, Maryland19. March 18, 1946

(Date rec'd by registrar)

Clara L. Barnes

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1946 at 3.0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to Mar. 12, 1946and that I last saw h. alive on Mar. 12, 1946

Immediate cause of death

Cerebral VascularDue to Advancing Arteriosclerosis

Due to

Other conditions Other Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank W. SmithAddress ChestertownDate signed 3/27/46

RECEIVED

MAR 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (MD)

## CERTIFICATE OF DEATH

02753

Reg. Dist. No. 2020

## 1. PLACE OF DEATH:

County... Kent  
 City or town... Chestertown, Md.  
 (if outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 84 years  
 Hospital, institution, or street address where death occurred:  
Kent County Queen Anne's Hospital

How long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent

City or town... Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No... Queen  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Lucy G. Robertson

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Wm. H. Robertson

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1862

8. AGE: Years 83 Months 6 Days 14 It less than one day.....hrs. ....min.

9. Birthplace... Chestertown, Kent, Md.  
 (Town, county, and state)

10. Usual occupation... Housewife

## 11. Industry or business

12. Name... John H. Greenwood

13. Birthplace... Maryland

14. Maiden name... Lucy R. Burgess

15. Birthplace... Rock Hall, Md.

16. Informant... Hospital Records

Address... Chestertown, Md.

17. Burial... Burial Date thereof... Mar. 5, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Chester Cem.

Location... Chestertown, Maryland

18. Funeral director... J. Willis Wells

Address... Chestertown, Md.

19. March 4, 1946 Clara S. Barnes  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... March 2, 1946 at... 4:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Feb. 26, 1946 to March 2, 1946  
 and that I last saw her alive on March 2, 1946

Immediate cause of death... Carbon monoxide poisoning DURATION Several hours.

Due to.....

Due to.....

Other conditions Senility;

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of... 2-26-46

Where did injury occur? Chestertown Kent Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Unlighted gas injured at work?  
burners

23. SIGNATURE... A.C. Sick M. D. or other

Address... Chestertown Date signed... 3-2-46

RECEIVED  
MAR 6 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1472

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 200

## 1. PLACE OF DEATH:

County Kent  
 City or town Millington, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Millington  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war. \_\_\_\_\_

## 3. (a) FULL NAME

Emma West Skinner

## 3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife James E. Skinner

6. (c) If alive, give age. \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 18678. AGE: Years 78 Months 6 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Delaware  
(Town, county, and state)10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

FATHER 12. Name John Frank13. Birthplace GermanyMOTHER 14. Maiden name Barbara Alcott15. Birthplace Del.16. Informant Mrs. Leo. GaleAddress Millington, Md.17. Burial Date thereof March 31, 1946  
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Church HillLocation Church Hill, Maryland18. Funeral director Edward FellowsAddress Millington, Md.19. March 31 1946 Edward Fellows  
(Date rec'd by registrar) (year) (month) (day) (Name of Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1946 at 1 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 1946 to March 28 1946 and that I last saw her alive on March 28 1946Immediate cause of death Myocardial InfarctionDue to Chn. Myocarditis  
Chn. Intestinal Infarction

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Wm. H. Davis M. D. or other \_\_\_\_\_Address Millington, Md. Date signed 2/31/46

CERTIFICATE OF DEATH

RECEIVED

APR 3 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

## CERTIFICATE OF DEATH

02755

★ Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County WestCity or town Chester town  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 1 week

## 3. (a) FULL NAME

L. Woodward Sparks

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed or divorced

Single

6. (b) Name of husband or wife

None

7. Birth date of

deceased (mo., day, yr.)

Feb 7, 1884

8. AGE:

Years 62Months 1Days 2

It less than one day

hrs. 2min. 0

9. Birthplace

Chester town, West

Town, county, and state

10. Usual occupation

Printer

11. Industry or business

Printing

FATHER

12. Name

Henry Sparks

13. Birthplace

Chester town, West

TOWN, county, and state

MOTHER

14. Maiden name

Spark's

15. Birthplace

West

Town, county, and state

16. Informant

Dr. J. W. Wells

Address

Chester town, West

Town, county, and state

17. BURIAL

(Burial, cremation, or removal. Which?)

BURIAL

Date thereof

MAR 11, 1946

(month) (day) (year)

Cemetery or crematory

CHESIER. CEM.

Location

CHESTER TOWN, MARYLAND

18. Funeral director

J. W. Wells

Address

Chester town, Md.19. March 11, 1946

(Date rec'd by registrar)

Clara S. Barnes

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

City or town

Chester town

Street No.

10

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

March 9, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 27, 1946

and that I last saw him alive on

March 9, 1946

Immediate cause of death

Cardio Renal

Due to

decease

Due to

Arterio Sclerosis

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

NO

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Frank H. Wells

23. SIGNATURE

Chester town, Md.

M. D. or other

Address

Date signed

3/9/46

DURATION

Severalhrs.40yr.

RECEIVED  
MAR 13 1946  
BUREAU F.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

02757

203

## 1. PLACE OF DEATH:

County..... Kent  
 City or town..... Rock Hall Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... life  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent  
 City or town..... Rock Hall Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Sharpstown  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

William Gentry White

## 3. (b) Social Security Number

4. Sex..... male 5. Color or race..... col. 6.(a) Single, married, widowed, or divorced..... widowed  
 B.(b) Name of husband or wife..... Euna White  
 7. Birth date of deceased (mo., day, yr.)..... not known 6.(c) If alive, give age..... years  
 8. AGE: Years..... about 82 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace..... Rock Hall, Md.  
 (Town, county, and state)  
 10. Usual occupation..... Farming  
 11. Industry or business.....  
 12. Name..... William Gentry White  
 13. Birthplace..... Kent Co, Md.  
 14. Maiden name..... Mrs. Ella  
 15. Birthplace..... Kent Co, Md.

16. Informant..... Mrs Rachel Long  
 Address..... Rock Hall, Md.  
 17. Burial Date thereof..... March 16 1946  
 (Burial, cremation, or reposal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Sharpstown  
 Location..... Kent Co Md  
 18. Funeral director..... Asbury Henry  
 Address..... Loxustown Md  
 19. March 16 19 46 S Edward Burgess  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 13 1946 at 10<sup>30</sup> P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
February 22 1946 to March 13 1946  
 and that I last saw him alive on 3-12 1946

Immediate cause of death..... old age  
chronic Endo. arteriosclerosis  
 Due to..... arterio sclerosis  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Amelia Burgard  
 M. D. or other.....  
 Address..... Rock Hall, Md. Date signed 3/15/46

RECEIVED  
MAR 22 1946  
BUREAU VS

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

|   |  |                              |  |   |  |  |  |
|---|--|------------------------------|--|---|--|--|--|
| <b>1. PLACE OF DEATH:</b><br>County.....<br>City or town.....<br>(If outside city or town limits, write RURAL and give nearest town)<br>How long in above place of death?.....<br>Hospital, institution, or street address where death occurred.....<br>How long in hospital or institution?.....   |  |                              |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b><br>(For newborn infants give residence of mother)<br>State..... County.....<br>City or town.....<br>(If outside city or town limits, write RURAL and give nearest town)<br>Street No.....<br>(If rural, give LOCATION)<br>2.(a) If veteran, name war..... |  |  |  |
| <b>3. (a) FULL NAME</b><br>William Fisher Wilson  |  |                              |  | <b>3. (b) Social Security Number</b><br>212-03-8132   |  |  |  |
| <b>4. Sex</b><br>M  |  | <b>5. Color or race</b><br>W |  | <b>6. (a) Single, married, widowed, or divorced</b><br>Married  |  |  |  |
| <b>6. (b) Name of husband or wife</b><br>Shueilla May Wilson  |  |                              |  | <b>6. (c) If alive, give age</b><br>63 years  |  |  |  |
| <b>7. Birth date of deceased (mo., day, yr.)</b><br>June 15 1875  |  |                              |  |   |  |  |  |
| <b>8. AGE:</b><br>Years<br>70   |  | <b>Months</b><br>8           |  | <b>Days</b><br>23   |  |  |  |
| <b>9. Birthplace</b><br>Milton Delaware<br>(Town, county, and state)  |  |                              |  |   |  |  |  |
| <b>10. Usual occupation</b><br>Bookkeeper   |  |                              |  |   |  |  |  |
| <b>11. Industry or business</b><br>Purley Fitcher & Co. Inc.  |  |                              |  |   |  |  |  |
| <b>12. Name</b><br>John C. Wilson   |  |                              |  |   |  |  |  |
| <b>13. Birthplace</b><br>Milton Delaware  |  |                              |  |   |  |  |  |
| <b>14. Maiden name</b><br>Mary Louisa Carpenter   |  |                              |  |   |  |  |  |
| <b>15. Birthplace</b><br>Milton Delaware  |  |                              |  |   |  |  |  |
| <b>16. Informant</b><br>Mrs. C. May Wilson (Wife)<br>Address<br>Chesapeake Md.  |  |                              |  |   |  |  |  |
| <b>17. Burial</b><br>(Burial, cremation, or removal. Which?)<br>Date thereof<br>3/12/46<br>(month) (day) (year)<br>Cemetery or crematory<br>St. Paul<br>Location<br>Near Fairlee Kent Co. Md.<br>Funeral director<br>Marvin V. Williams<br>Address<br>Chesapeake Maryland   |  |                              |  |   |  |  |  |
| <b>19. March 12, 1946</b><br>(Date rec'd by registrar)<br>Oscar S. Barnes<br>Registrar  |  |                              |  |   |  |  |  |
| <b>MEDICAL CERTIFICATION</b><br><b>20. DATE OF DEATH</b><br>March 9 1946 at 11:00 P.<br><b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from April 10 1945 to March 9 1946 and that I last saw him alive on March 9 1946<br><b>Immediate cause of death</b><br>Pulmonary Disease<br>Due to<br>Cardio Pulmonary Disease<br>Due to<br>Arteriosclerosis<br>Other conditions<br>Arteriosclerosis<br>(Include pregnancy within 3 months of death)<br><b>Major findings of operations</b><br>None<br>Date of op.<br><b>Autopsy results</b><br>None<br><b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.<br><b>22. VIOLENCE:</b> If death was due to external causes, fill in the following:<br>Accident, suicide, or homicide..... Date of.....<br>Where did injury occur?.....<br>(City or town) (County) (State)<br>Injured at home, farm, industry, public place (where?).....<br>Means of injury..... Injured at work?<br><b>23. SIGNATURE</b><br>Dr. Frank Howard M.D.<br>Address<br>Chesapeake Md.<br>Date signed<br>3/10/46 |  |                              |  |   |  |  |  |

39-14

CERTIFICATE OF DEATH

RECEIVED

MAR 18 1946

BUREAU